SPOONER HEALTH SYSTEM

819 ASH ST

SPOONER 54801 Phone: (715) 635-211:	1	Ownership:	Non-Profit Corporation
Operated from 1/1 To 12/31 Days of Operation	: 366	Highest Level License:	Skilled
Operate in Conjunction with Hospital?	Yes	Operate in Conjunction with CBRF?	No
Number of Beds Set Up and Staffed (12/31/04):	90	Title 18 (Medicare) Certified?	Yes
Total Licensed Bed Capacity (12/31/04):	90	Title 19 (Medicaid) Certified?	Yes
Number of Residents on 12/31/04:	88	Average Daily Census:	84
***********	*****	*********	*********

Services Provided to Non-Residents		Age, Gender, and Primary Di	Length of Stay (12/31/04)	8			
Home Health Care	Yes	Primary Diagnosis	%	Age Groups	%	Less Than 1 Year	39.8
Supp. Home Care-Personal Care	No					1 - 4 Years	40.9
Supp. Home Care-Household Services	No	Developmental Disabilities	2.3	Under 65	5.7	More Than 4 Years	19.3
Day Services	No	Mental Illness (Org./Psy)	44.3	65 - 74	4.5		
Respite Care	Yes	Mental Illness (Other)	1.1	75 - 84	31.8		100.0
Adult Day Care	No	Alcohol & Other Drug Abuse	1.1	85 - 94	50.0	*********	******
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	0.0	95 & Over	8.0	Full-Time Equivaler	ıt
Congregate Meals	No	Cancer	4.5			Nursing Staff per 100 Re	sidents
Home Delivered Meals	No	Fractures	0.0	İ	100.0	(12/31/04)	
Other Meals	No	Cardiovascular	12.5	65 & Over	94.3		
Transportation	Yes	Cerebrovascular	12.5			RNs	7.7
Referral Service	No	Diabetes	5.7	Gender	%	LPNs	9.1
Other Services	No	Respiratory	3.4			Nursing Assistants,	
Provide Day Programming for		Other Medical Conditions	12.5	Male	21.6	Aides, & Orderlies	38.7
Mentally Ill	No			Female	78.4		
Provide Day Programming for			100.0				
Developmentally Disabled	No				100.0		

## Method of Reimbursement

		Medicare Pitle 18			edicaid itle 19			Other		1	Private Pay	2		amily Care			anaged Care	l		
Level of Care	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	~~~~	Per Diem (\$)	No.	%	Per Diem (\$)	Tota Resi- dent	- Of
Int. Skilled Care	1	25.0	205	3	5.2	205	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	4	4.5
Skilled Care	3	75.0	205	54	93.1	140	3	75.0	100	20	90.9	140	0	0.0	0	0	0.0	0	80	90.9
Intermediate				1	1.7	117	1	25.0	83	2	9.1	117	0	0.0	0	0	0.0	0	4	4.5
Limited Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care							0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care							0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain In	j 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Depende	nt 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	4	100.0		58	100.0		4	100.0		2.2	100.0		0	0.0		0	0.0		88	100.0

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SPOONER HEALTH SYSTEM

Admissions, Discharges, and		Percent Distribution	n of Residents'	Condit	ions, Services, an	d Activities as of 12,	31/04
Deaths During Reporting Period				Total			
Percent Admissions from:		Activities of	ક		% Needing sistance of	% Totally	Number of
Private Home/No Home Health	9.5	Daily Living (ADL)	Independent		Or Two Staff	_	Residents
Private Home/With Home Health	3.6	Bathing	1.1		95.5	3.4	88
Other Nursing Homes	9.5	Dressing	11.4		84.1	4.5	88
Acute Care Hospitals	67.9	Transferring	39.8		51.1	9.1	88
Psych. HospMR/DD Facilities	0.0	Toilet Use	23.9		68.2	8.0	88
Rehabilitation Hospitals	0.0	Eating	81.8		13.6	4.5	88
Other Locations	9.5	* * * * * * * * * * * * * * * * * * *	******	*****	******	*******	*****
Total Number of Admissions	84	Continence		%	Special Treatmen	ts	8
Percent Discharges To:		Indwelling Or Extern	nal Catheter	1.1	Receiving Resp		10.2
Private Home/No Home Health	20.7	Occ/Freg. Incontiner		42.0	Receiving Trac	heostomy Care	0.0
Private Home/With Home Health	18.3	Occ/Freg. Incontiner	nt of Bowel	15.9	Receiving Suct	ioning	0.0
Other Nursing Homes	11.0				Receiving Osto	my Care	1.1
Acute Care Hospitals	2.4	Mobility			Receiving Tube	-	1.1
Psych. HospMR/DD Facilities	0.0	Physically Restraine	ed	8.0	Receiving Mech	anically Altered Diets	19.3
Rehabilitation Hospitals	1.2				5	-	
Other Locations	1.2	Skin Care			Other Resident C	haracteristics	
Deaths	45.1	With Pressure Sores		8.0	Have Advance D	irectives	77.3
Total Number of Discharges		With Rashes		13.6	Medications		
(Including Deaths)	82				Receiving Psyc	hoactive Drugs	64.8

Selected Statistics: This Hospital-Based Facility Compared to Similar Facilities & Compared to All Facilities

	This	Other	All		
	Facility	Based F	acilities'	Faci	ilties
	%	%	Ratio	%	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	93.3	91.7	1.02	88.8	1.05
Current Residents from In-County	88.6	85.3	1.04	77.4	1.14
Admissions from In-County, Still Residing	36.9	14.1	2.62	19.4	1.90
Admissions/Average Daily Census	100.0	213.7	0.47	146.5	0.68
Discharges/Average Daily Census	97.6	214.9	0.45	148.0	0.66
Discharges To Private Residence/Average Daily Census	38.1	119.8	0.32	66.9	0.57
Residents Receiving Skilled Care	95.5	96.2	0.99	89.9	1.06
Residents Aged 65 and Older	94.3	90.7	1.04	87.9	1.07
Title 19 (Medicaid) Funded Residents	65.9	66.8	0.99	66.1	1.00
Private Pay Funded Residents	25.0	22.6	1.11	20.6	1.22
Developmentally Disabled Residents	2.3	1.4	1.66	6.0	0.38
Mentally Ill Residents	45.5	32.7	1.39	33.6	1.35
General Medical Service Residents	12.5	22.0	0.57	21.1	0.59
Impaired ADL (Mean)*	37.3	49.1	0.76	49.4	0.75
Psychological Problems	64.8	53.5	1.21	57.7	1.12
Nursing Care Required (Mean)*	6.7	7.4	0.90	7.4	0.90